## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/509457

| TOTAL CLAIMS FOR  NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS I O minus 20  INDEPENDENT CLAIMS I minus 3  MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  COlumn 1)  COlumn 2)  CLAIMS AS AMENDED - PART II  COLUMN AMENDENT  AMENDURY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Independen  Minus  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CLAIMS  REMAINING AFTER PREVIOUSLY PAID FOR  AMENDURY PAID FOR  AMENDURY PAID FOR  TOTAL  COlumn 3)  CLAIMS  REMAINING AFTER PREVIOUSLY PAID FOR  AMENDURY PAID FOR  TOTAL  COlumn 3)  CLAIMS REMAINING AFTER PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CLAIMS REMAINING AFTER AMENDURY PAID FOR  AFTER AMENDURY PAID FOR  AMENDURY PAID FOR  RESENT AMENDURY PAID FOR  AMENDURY PAID FOR  AMENDURY PAID FOR  AFTER AMENDURY PAID FOR  AMEN         | ı            |                       | CLAIMS AS FILED - PART I         |                 |                                  |                      |                                  |            |                | TO                | <u>/</u> •   | <u>9 0 9</u>   | 407             |  |
|--|--------------|-----------------------|----------------------------------|-----------------|----------------------------------|----------------------|----------------------------------|------------|----------------|-------------------|--------------|----------------|-----------------|--|
| TOTAL CLAIMS  FOR  NUMBER FILED  NUMBER FILE | ļ            | (Column 1) (Column 2) |                                  |                 |                                  |                      |                                  | SMAL       | L EN           |                   |              | OTHE           | R THAN          |  |
| TOTAL CHARGEABLE CLAIMS 1 O minus 20:  |              | TOTAL CLAIR           |                                  |                 | 100                              | nonu 21              | ]                                |            |                | OF:               | SMAL         | L ENTITY       |                 |  |
| TOTAL CHARGEABLE CLAIMS I D MINUS 20: XS 9: OR XS 16: OR XS 16 |              | FOR                   | NUMB                             | NUMBER FILED    |                                  | ABER EXTRA           | 1 1                              |            |                | -                 |              |                |                 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  III the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  CLOIUMN 1) (Column 2) (Column 3)  GLAIMS ASTER AMENDENT PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  COLUMN 1) (Column 2) (Column 3)  (Column 3) (Column 3)  (Column 4) (Column 3) (Column 3)  (Column 5) (Column 6) (Column 6) (Column 7)  (Column 1) (Column 8) (Column 8)  (Column 1) (Column 8) ( | 1            | TOTAL CHARG           | 10                               | I ○ minus 20=   |                                  |                      | 1. }                             | -+         | <u>·</u>       | - JOR             | <del> </del> | 1920           |                 |  |
| If the difference in column 1 is tess than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  CLAIMS AS AMENDED - PART II  CLAIMS AS AMENDED - PART II  CLAIMS AFTER AMENDMENT PREVIOUSLY PREVIOUSLY PREVIOUSLY PAID FOR PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Independent   Minus   Minus  | Ŀ            | NDEPENDENT            |                                  | minus 3 =       | •                                |                      |                                  |            |                | RO                | X\$16=       |                |                 |  |
| TOTAL OR TOTAL SESSION SAME SESSION SE | Ľ            | MULTIPLE DEP          | PLE DEPENDENT CLAIM PE           |                 | RESENT                           |                      |                                  | X43        | =              |                   | OR           | X86=           |                 |  |
| CLAIMS AS AMENDED - PART II  COLUMN 2) (Column 3) SMALL ENTITY OR SMALL ENTITY |              | :<br>If the differen  | ce in column 1                   | is less than    | 7PIO PRIM "O" in column 2        |                      | +145                             | <b>5=</b>  | •              | OR                | -290=        |                |                 |  |
| Column 1)   Column 2)   Column 3)   SMALL ENTITY   OR SMALL ENTI   | _            | ,                     | <i>)</i>                         |                 |                                  |                      |                                  |            | AL [           |                   | OR           | TOTAL          | 920             |  |
| REMAINING AFTER AMENDMENT PREVIOUSLY PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM    Column 1)   Column 2)   Column 3)   Column 3)   Column 4   Column 5   Column 6   Column 7   Column | -            | 5/15/0                | (Column 2) (Column 2) (Column 2) |                 |                                  |                      |                                  |            |                | OTHER TH          |              |                |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | II⊲          | ۲ ا                   | GLAIMS                           | 1               | HIGHE                            | ST                   | 1                                |            | ~              |                   | اآر          | SHIALL         | ENTITY          |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | MENT         |                       | AFTER                            | . ]             | PREVIO                           | USLY                 |                                  |            | E  TI          | ONAL              |              | RATE           | ADDI-<br>TIONAL |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | END          | Total                 | . 10                             |                 |                                  | _                    | · 0                              | - XS 9     | $\neg \top$    |                   | OR           | XS18=          | FEE             |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR AMENDMENT PA | A            | FIRST PRES            | L i / i"                         |                 |                                  |                      | . 9                              | X43=       |                |                   | OB           | X86=           | M               |  |
| (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA   ADDIT FEE  | _            |                       |                                  |                 | C. CIADEIAL (                    | CLAIM                |                                  |            | $\dashv$       |                   | ~~F          | /              | //              |  |
| COlumn 1) (Column 2) (Column 3)  REMAINING AFTER AMENDMENT PRIOR PREVIOUSLY PAID FOR ADDIT FEE  Total  |              |                       | •                                |                 |                                  |                      |                                  | L_         |                | OR                | +290=        |                |                 |  |
| COlumn 1   COlumn 2   COlumn 3   |              |                       |                                  |                 |                                  | OR .                 |                                  |            |                |                   |              |                |                 |  |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL TO |              |                       | (Column 1)                       |                 | AUU11, FE                        |                      |                                  | •·· A      | DDIT. FEE      | <u> </u>          |              |                |                 |  |
| AFTER AMENDMENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM    Column 1   | 6            |                       |                                  |                 |                                  |                      | (Column 3)                       |            |                |                   |              | •              |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   X43= OR X86=     +145= OR +290=     TOTAL ADDIT. FEE OR ADDIT.    |              | 1                     |                                  | ING NUMBER      |                                  | R                    | PRESENT                          |            | A              | ADDI-             |              |                | ADDI-           |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   X43= OR X86=     +145= OR +290=     TOTAL ADDIT. FEE OR ADDIT.    |              |                       | AMENDUCAT                        |                 |                                  |                      | RATE                             | TIC        | NAL            |                   | RATE         | TIONAL         |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   X43= OR X86=     +145= OR +290=     TOTAL ADDIT. FEE OR ADDIT.    | MON          | Total                 |                                  | Minus           |                                  | ) <u>R</u>           | _ ·                              | -          | <del> </del> F | EE .              | -  -         | -              | FEE.            |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   X43= OR X86=     +145= OR +290=     TOTAL ADDIT. FEE OR ADDIT.    | ME           |                       | •                                | Minus           | 200                              |                      |                                  | X\$ 9=     | Ŀ              |                   | OR           | X\$18=         |                 |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Total  Independent  Minus  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  It the entry in column 1 is less than the entry in column 2, write '0' in column 3  It the entry in column 1 is less than the entry in column 2, write '0' in column 3  Total  It the entry in column 1 is less than the entry in column 2, write '0' in column 3  TOTAL  ADDIT FEE  OR ADDIT FEE  ADDIT FEE  ADDIT FEE  NATE TIONAL FEE  X\$ 9=  OR X\$18=  X43=  OR X86=  +145=  OR -107AL  OR -107AL  | _            | FIRST PRESE           | NTATION OF MI                    | JLTIPLE DE      | PENDENT C                        | AIM                  |                                  | X43=       | _              |                   | OR.          | X86=           |                 |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Total Independent Indep |              | •                     |                                  |                 |                                  |                      |                                  | +145=      |                | c                 | R            | +290=          |                 |  |
| COlumn 2) (Column 3).  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Minus  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  It the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  (Column 2) (Column 3).  HIGHEST NUMBER PRESENT FRESENT FROM ADDITIONAL FEE  TIONAL FEE  X\$ 9= OR X\$18=  X43= OR X86=  +145= OR +290=  TOTAL OR TOTAL  |              |                       | . TOTAL                          |                 |                                  | R AD                 | TOTAL<br>DIT FEE                 |            |                |                   |              |                |                 |  |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PRESENT EXTRA  Total . Minus . AMENDMENT PAID FOR PRESENT EXTRA  Independent . Minus . Total   |              |                       |                                  |                 | (Column                          | 2) (                 | (Column 3)                       | ,          |                |                   |              |                |                 |  |
| AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA RATE TIONAL FEE TIONAL FEE TOTAL STATE THOUSE ADDITIONAL FEE TOTAL TOTAL ADDITIONAL FEE TOTAL ADDITIONAL | ן כ          |                       | REMAINING                        |                 |                                  |                      |                                  |            |                |                   | _            |                |                 |  |
| If the entry in catumn 1 is less than the entry in cotumn 2, write "0" in cotumn 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  OR  X43=  OR  X46=  H145=  OR  TOTAL  OR  TOTAL  | Ξ            |                       | AFTER                            |                 | PREVIOUS                         | SLY                  |                                  |            |                |                   |              | RATE           | ADDI-           |  |
| If the entry in catumn 1 is less than the entry in cotumn 2, write "0" in cotumn 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  OR  X43=  OR  X46=  H145=  OR  TOTAL  OR  TOTAL  | 뒫            |                       | AMENDMENT                        |                 |                                  |                      |                                  | HAIE       |                |                   |              |                | TIONAL          |  |
| If the entry in catumn 1 is less than the entry in cotumn 2, write "0" in cotumn 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  OR  X43=  OR  X46=  H145=  OR  TOTAL  OR  TOTAL  |              |                       | •                                | Minus           | **                               |                      | =                                | V\$ 0:-    | 1.5            |                   | +            |                | FEE             |  |
| * If the entry in calumn 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  **TOTAL OR TOTAL   |              |                       | •                                | Minus           | . P <del>0 g</del>               |                      |                                  |            |                | °                 | R L          | <b>(\$18</b> = |                 |  |
| "If the 'Highest Number Description of the Initial Space is less than 20, enter 20.  | X43:         |                       |                                  |                 |                                  |                      |                                  |            |                |                   |              | K86=           |                 |  |
| TOTAL  | • !!<br>• !! | the entry in calum    | in ) is less than the            | entry in colum  | nn 2, write no :                 | · .                  | no.3                             | ·          |                | OF                | 4   4        | 290= ·         |                 |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the service of t | 1            | the 'Highest Num      | har Demonstra                    | O IN INIO       | SPACE is less                    | than 2               | 70. enter "20 °                  |            |                |                   | ,            |                |                 |  |
|  | . TI         | he 'Highest Numb      | er Previously Paid               | For (Total or ) | SPACE is less<br>Independent) is | s than (<br>s the hi | 3, enter "3."<br>Ghest number to | ADDIT, FEE | 1001121        | الاست<br>د محمد م | ADD          | IT. FEE L      |                 |  |